

# Demographic Reporting Form

## Individual – Quarterly Totals

Positive Alternatives

Dates: 10/01/2016-12/31/2016

Grantee Name: New Beginnings

Pregnancy Care Center  
0000950680

### 1. Client Age Range:

Under 15	15-17	18-19	20-24	25-29	30-34	35+	Unknown age
	1	2	1	3	4	3	

### 2. Client Pregnancy Status:

1st Trimester	2nd Trimester	3rd Trimester	Post-partum	Pregnancy Status Unknown	Other (Father or Grandparent)
	3	4	3		4

### 3. Client Marital Status:

Married	Not Married	Marital Status Unknown
5	9	

### 4. Client Race:

Race: White	Race: African American	Race: African-American	Race: American Indian	Race: Asian Pacific	Race: Other/ Multi Race	Race: Unknown
12			2			

### 5. Client Ethnicity:

Hispanic Ethnicity: Yes	Hispanic Ethnicity: No	Ethnicity: Unknown
1	13	

### 6. Client Type:

Mother	Father	Grandparent	Other
10	3	1	

